of Life Inventory Rheumatology Module (PedsQL-R) and Generic Core Scale (PedsQL-G). Spearman correlations and regression analysis were done to examine the relationship between the WTP(A) or WTP(B) and other JIA outcomes. **RESULTS:** Fifty-four families of children with JIA (mean age: 10 yrs) were interviewed. Fifty-four percent of the patients had some GI discomfort and the mean/median number of involved joints was 4.3/2. WTP rating was refused by five families (9%). The mean/median of WTP(A) was $323/$200 and $54/$38 for WTP(B), respectively. After adjustment for the monthly family income, WTP (A) and WTP (B) were moderately corrrelated to pain, CHAQ, PedsQL-R and PedsQL-G (r = 0.35–0.47). **CONCLUSIONS:** WTP appears to be a promising, easy to use method for assessing health care preferences in JIA. WTP is feasible and has construct validity in JIA. Further validation in a larger group of patients is warranted.

PAR16

GASTROINTESTINAL (GI) SYMPTOMS AND HEALTH-RELATED QUALITY OF LIFE (HRQL) IN JUVENILE IDIOPATHIC ARTHRITIS (JIA)

Brunner HI, Barron A
Cincinnati Children's Hospital Medical Center, Cincinnati, OH, USA

OBJECTIVE: To quantify GI symptoms of children with JIA using the Gastrointestinal Symptom Scale for Pediatrics (GIPS), to verify for the GIPS reliability, construct validity and quality of parent proxy reporting, and to evaluate the relationship of GI symptoms severity and HRQL in JIA. **METHODS:** A convenience sample of 54 families of JIA patients was interviewed twice (patients (pts) >7 yrs, 1 parent per family). GI symptom severity was measured by the GIPS (7 item scale with yes/no answers; score 0 – 7; 0 = no GI symptoms) and a visual analog scale (VAS-GI). Information on other outcomes was obtained, incl. the Childhood Health Assessment Questionnaire (CHAQ); the Pediatric Quality of Life Inventory Rheumatology Module (PedsQL-R) and Generic Core Scale (PedsQL-G). **RESULTS:** Forty-six percent of the pts (mean age: 10.3 yrs) had some GI symptoms. Treatments included NSAIDs (n = 45), methotrexate (MTX; n = 33) and GI protectants (n = 21). Intrarater reliability and internal consistency of the GIPS (parent report: weighted kappa = .7; Crohnbachs-á = 1) were high; the quality of parent proxy reports was very good (intraclass corr. coeff. = .7). Scores of the GIPS, GI-VAS, PedsQL-R and PedsQl-G (r = .5–.8) were strongly correlated. The mean GIPS score of pts having GI symptoms was 2, with nausea and epigastric pain being most common. Use of MTX ($p < .003$) and NSAIDs ($p < .03$) led to significantly higher and GI protectants to significantly lower GIPS scores ($p < .008$) in univariate analysis. Corrected for the disease severity and activity, children with moderate/severe GI symptoms (GIPS > 2; n = 16) had significantly lower HRQL (PedsQL-R: $p < .005$; PedsQL-G: $p < .04$) and more disability (CHAQ; $p < .005$) compared to patients without GI symptoms. **CONCLUSION:** The GIPS is a reliable and valid measure of GI symptom severity. GI symptoms are frequent among children with JIA and, if moderate or severe, have a significant negative impact on the HRQL. GI side effects require special consideration for patient management and medication choices in JIA.

PAR17

COMPARING SHORT FORM AND RAND PHYSICAL AND MENTAL HEALTH SUMMARY SCORES: RESULTS FROM TOTAL HIP ARTHROPLASTY AND HIGH-RISK PRIMARY-CARE PATIENTS

Feeny DH[1], Blanchard C[2], Cote I[3]
[1]Institute of Health Economics, Edmonton, AB, Canada; [2]American Cancer Society, Atlanta, GA, USA; [3]Innovus Research Inc, Burlington, ON, Canada

OBJECTIVES: Summary physical and mental health scores for the Short Form (SF) measures assume that physical and mental health are uncorrelated. The Rand Health Status Inventory (HSI) measures allow correlation and also employ item weights derived from item-response theory. Do these different approaches to scoring matter? The objective was to compare summary scores using both the SF and Rand HSI. **METHODS:** SF-36 and the Health Utilities Index Mark 3 (HUI3) were administered to a cohort of patients waiting for elective total hip arthroplasty (THA). SF-12 and HUI3 were administered to a cohort of high-risk primary-care patients. Summary scores were generated and compared. Single-attribute utility scores for emotion in HUI3 were also computed. Canadian and U.S norms for SF, Rand HSI, and HUI3 were used to interpret results. **RESULTS:** For THA patients mean physical health scores were 28 and 36 for SF and Rand HSI. Mean mental health scores were 55 and 42. For the primary-care patients the scores were 34 and 36 for physical and 46 and 40 for mental health. HUI3 emotion scores for the primary-care patients were well below population norm. **CONCLUSIONS:** SF and Rand HSI provided similar summary scores in the THA study. However, SF and Rand HSI mental health scores differed in the primary-care patient cohort and results from HUI3 corroborate the mental health deficits identified by the Rand HSI. It may be wise for investigators to utilize both SF and Rand HSI scoring systems.

PAR18

PREVALENCE OF DEPRESSIVE SYMPTOMATOLOGY AND ITS RELATIONSHIP TO HRQOL IN ARTHRITIS: A WEB-BASED HEALTH STATUS SURVEY

Nayak RA[1], Madnani DM[2], Ward J[3]
[1]St. John's University, Jamaica, NY, USA; [2]University of Maryland School of Pharmacy, Baltimore, MD, USA; [3]Knowledge Networks Inc, New York, NY, USA